PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053687

DANNY CRAFT HOLDINGS, INC.

| | · | | | | | | | | | |
|---|---|------------|-----------------------------|---|---------------------------------|----------------------------|---|-------------------|---------------|-----|
| Principal Place | e of Business | Ma | ailing Address | | | | | | | |
| 19221 CORTEZ BLVD 19221 CORTEZ BLVD | | | | | | | | | | |
| BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 | | | | | | DO MOTAMBITE IN THIS SPACE | | | | |
| US US | | | | | | | DO NOT WRITE IN THIS SPACE | | | 1 |
| ļ | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | 06/16/1997 | | | 1 |
| 2. Principal Pl | lace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | pplied For | |
| 21 | | 26 | | | | | 59-3451093 | | ot Applicable | Ì |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional | |
| 22 | · | 27 | | | | | | | Required | 1 |
| City & State | 0 | | City & State | | | | =6.≃Election Campaign Financing | | Hay Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | | Zip | Country | | | 8. This corporation owes the current year In | | _ | l |
| 24 | 25 | 29 | 30 | | | | Personal Property Tax. | ¥Yes | □No | |
| Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered | Agent | | ł |
| 1 | | | | 81 | Name | | | | | l |
| \ OWE | en, george e Jr | | | 82 | Street | Addres | ss (P.O. Box Number is Not Acceptable) | | | 1 |
| 888 EXECUTIVE CENTER DRIVE WEST | | | 02 | Stiget Address (F.O. Box Nulliper is Not Acceptable) | | | | | | |
| SUIT | TE 202 | | | 83 | | | | | | |
| ST. (| PETERSBURG FL 33702 | | | | | | | · · · · · · · · · | | ļ |
| 1 | | | | 84 | City | | FI | 85 Zip | Code | |
| 44 Dumunant | to the expulsions of Sections 607 050 | 12 and 6 | 07 1508 Florida Statutes | the above | e-named | cornor | ation submits this statement for the purpose of | f changing it | s registered | 1 |
| office or n | policioned agent or both in the State. | of Florin | ia. Such change was autho | orized by | the corp | oration | 's board of directors. I hereby accept the appo | intment as r | egistered | |
| agent. I a | m familiar with, and accept the obliga | itions of, | , Section 607.0505, Florida | Statutes | | | | | | |
| SIGNATURE | <u> </u> | | | | | | when reinstation) DATE | | | } |
| | Signature, typed or printed name of registered ager | | | | nt signature | required v | ADDITIONS/CHANGES TO OFFICERS A | NO DIRECT | OPS IN 12 | 1 3 |
| 12. | OFFICERS AN | ND DIKE | DELETE | 13. | | PS | | Change | | 1 |
| TITLE | PSTD | | | | DT | | CK DANNENMILLER | Oncongo | | |
| NAME | DANNENMILLER, RICK | | | 1.2 NAME | | | | | | 8 |
| STREET ADDRESS | _ ** ** - | NE | | 1.3 STREE | TADDRESS | | 65 MAJESTIC OAK LANE | | | ļį |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | | | 1.4 CITY-S | T-ZIP | | OOKSVILLE, FL. 34602 | W-0 | | 9 |
| TITLE | VD □ DELETE 2.17 | | | 2.1 TITLE | VD Change | | | Addition | Į ` | |
| NAME | DANNENMILLER, MICHELLE | | | 2.2 NAME | | MI | CHELLE DANNENMILLER | | | |
| STREET ADDRESS | 5733 BAYOU GRANDE BLVD. | NE | | 2.3 STREE | T ADDRESS | 40 | 65 MAJESTIC OAK LANE | | | |
| _CITY_ST-ZIP | ST. PETERSBURG FL 33703 | | | 2.4 CITY- | ST-ZIP | _BR | OOKSVILLE, FL. 3460 | 2 | | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | | | | 3.2 NAME | | | | | | 1 |
| STREET ADDRESS | | | | | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | | 1 | | | | 1 |
| i CHY-SI-ZP | | | | | | | | | Addition | 1 |
| | | | ☐ DELETE | | 71-21r | | | ☐ Change | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | , | ☐ Change | - Magigori | ĺ |
| TITLE NAME | | | ☐ DELETE | 4.1 TITLE 4.2 NAME | | | | ☐ Change | : L Addigon | |
| TITLE NAME STREET ADDRESS | | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREE | T ADDRESS | | | ☐ Change | Audigon | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | T ADDRESS | | | _ v | | |
| TITLE NAME STREET ADDRESS | | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE | T ADDRESS | | , | ☐ Change | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME | T ADDRESS | | , | _ v | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE | | | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME | T ADDRESS | | | _ v | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S | T ADDRESS T-ZIP T ADDRESS | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE | T ADDRESS T-ZIP T ADDRESS | | | _ v | Addition | |

14. I hereby certify that the information subfilied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or subplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or title receiver or trustee erosphered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an attachment with an appears, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90028 012 ***150.00